



Communicable Disease Branch Coronavirus Disease (COVID-19) Bi-Weekly Key Points

October 26, 2021

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the bi-weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

- **New:** NCDHHS LHD Bi-Weekly Webinar 10 26 2021.pdf (file attached)
- **Updated:** Find My Testing Place LHD Upload Oct2021Wk4.xlsx (file attached)
- **Updated:** Local Health Vaccine FAQ – 10.28.21.pdf (file attached)

Epi Picture

- COVID-19 activity continues decreasing across the state, although most counties remain in “high community transmission” (red) status per CDC criteria.
- Data on post-vaccination cases in weekly [respiratory surveillance summary](#) shows cases >4x more likely and deaths 20x more likely among those not fully vaccinated for most recent time period.
- Increasing activity reported in UK and some parts of Europe, although rates of hospitalization and death have remained low. Unclear whether increased rates are due in part to emergence of A.Y.4.2 subvariant of delta. This subvariant has been rare in US to date with a small number in NC since August.

Half Dose Moderna Boosters

- Vials may only be punctured a maximum of 20 times. All remaining vaccine in the vial must then be logged as wastage. Moderna can be logged in increments of 0.5 (point five).

CI/CT Update

- CCTC staff can be designated to support CI/CT work in schools, including the assignment of a staff members to specific school(s) or school district(s).
- If your school board is considering going mask-optional, the burden placed on CI/CT work in schools may increase requiring additional support. For example, the number of school contacts is likely to increase due to fewer individuals meeting the mask-on-mask quarantine exemption.
- The 10/11 CCTO system update included updates to the contact and case notification texts, emails, and portal language. The contact notification now has language noting that contacts may qualify for an exemption from or a shortened quarantine.
- New CI/CT Dashboards are expected to launch next week. These dashboards are visual representations of CI/CT data and key metrics and show a snapshot of data gathered in NC COVID and CCTO. They will be updated weekly and are designed for LHD and state staff and CCTC regional supervisors and team leads (not for public release). Look out for a launch email to learn more about how you can access these new dashboards.



Find My Testing Place

Please review the updated 'Find My Testing Place LHD' Excel file weekly to ensure information is up to date and accurate. Please send the updated files or any related questions to testfinder@castlighthouse.com

Question & Answer

Q. Are we going back to weekly calls or are we continuing with the 2nd and 4th Tuesdays?

A. For now we will be staying with the 2nd and 4th Tuesday but will continue to evaluate the need for weekly calls. Please let us know if you all want/need a weekly call.

Q. So folks are asking why get the current covid vaccine or the booster vaccine if covid has mutated so much... the efficacy is probably not as good... they are saying it's like taking last year's flu vaccine. Please advise?

A. Studies to date all indicate high effectiveness against the delta variant (and its subvariants). Changes to the vaccine might be needed if there are future variants with antigenic changes that reduce vaccine effectiveness, but that hasn't happened yet. Here is one study: <https://www.nejm.org/doi/full/10.1056/nejmoa2108891>
Consistent high levels of vaccine effectiveness during the delta surge can also be seen in our weekly updates and on the CDC site here: <https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>

Q. I am receiving calls from churches in regard to when they might be able to stop wearing masks. Thoughts?

A. Masking recommendations from the state are being revised. The expectation is that they will be based on vaccination status and level of community transmission at the state or county level. More to follow soon.

Q. Can/should mask optional guidance/metrics for public schools also be applied for colleges/universities?

A. Mask guidance for settings beyond K12 and for the public is currently being revised. I would not suggest applying school guidance to other settings until that is available.

Q. It had previously been mentioned that when Peds vaccines are approved, that should be our priority. Is this still the guidance?

A. Primary series vaccination for all age groups should be prioritized over booster programs.

Q. How many punctures are the lower dose vials of Moderna (ie. the 10 dose vial)?

A. The same 20 puncture limit applies to both the 10 and 14 dose Moderna vials.

Q. Once Peds vaccines are approved, what type/size of syringe/needle will come with the ancillary kits?

A. We have not received the specifics of the ancillary kits at this time. We expect the kits to come in pediatric friendly presentations.

Q. If someone got J&J but now want Moderna for booster. Do they get 0.5ml or 0.25ml?

A. They should get the 50mcg dose measured at 0.25mls. All Moderna Boosters are only FDA authorized at the 50mcg dose (0.25 ml).

Q. Will hospitals also be putting their vaccines in NCIR? Are there plans to onboard those large medical facilities who have not yet been onboarded and do not have access to NCIR?

A. The primary focus initially will be to offer NCIR to VFC providers.



Q. Will you track booster or third dose breakthrough cases?

A. The third dose is not currently included in the definition of a breakthrough case.

Q. Are there plans to include a breakdown of vaccination status among positive cases? We get questions about that a lot

A. Vaccination status among positive cases is included in the weekly respiratory report which can be found here: <https://covid19.ncdhhs.gov/media/380/open> . Data at the county level is also currently included in county report each week.

Q. Are there any known issues as to why the CVMS total vaccine inventory and doses administered sometimes do not calculate correctly? We have to call every few days to have this corrected.

A. We are not aware of any system wide issues. However, if you have issues you can reach out to myself, Ryan Jury (ryan.jury@dhhs.nc.gov) or reach out to the provider help desk at 877-873-6247.

Q. Is Moderna on an ordering freeze as well?

A. Moderna is not part on the ordering freeze. The order freeze is only for the Pfizer adolescent/adult presentation. To make way for Pfizer pediatric vaccine, there will be a temporary pause on the State's ability to place orders for adult Pfizer vaccine Thursday, October 28 to Thursday, November 4.

Q. Is it recommended to follow the CDC or NC Dashboard on the new cases per 100,000 residents in past 7 days and positivity rate?

A. I believe the CDC uses a different set of days in their case rate calculation. I believe they include data through two days ago whereas we include data through yesterday.

Q. Is there any future enhancement planned so when I register someone I can go straight into registering them for their dose rather than having to go back out to home and search for them again?

A. Not at this time.

Q. Is there some rationale/explanation posted anywhere related to the change from using positivity rate to "community transmission" in making decisions. I have read the CDC definition defining transmission risk... what is difference in community transmission vs. positive cases. I have had facilities ask.

A. CDC now determines community transmission with 2 indicators, percent positive and number of new cases per 100,000 persons, both over the last 7 days. Previous use of CMS positivity rate was over 14 days, and was not updated as quickly to provide the most up to date picture of transmission level in the community.

Q. How will we know how much is left in the vial if we are using the vial for full and 1/2 doses? Please confirm how to determine how much to waste in the 14 dose vials.

A. It will depend on how much vaccine needs to be wasted in each vial after 20 punctures. Assuming that a vial is used for Primary Series/Additional Doses or Booster doses the amount will differ by vial. Those pulling vaccine from vials will need to record for record keeping.

Q. Will Moderna make a smaller vial specifically for the booster?

A. No additional Moderna presentation will be manufactured for the use of boosters.



Q. Can you please re-state the rules on Moderna extension? Specifically, if it's on the website and we've stored correctly we may begin using?

A. Yes. If vaccine was quarantined and safely stored, it can be used once you have verified the extended expiration date for that lot.

Q. For CCTO Access: Do the School Nurses have to be Health Department employees or can they be LEA employees?

A. They can be LEA employees; if so, the LEA will need to sign an MOU with NC DHHS.

Q. Did you mention an extension on Moderna expiring 11/1/21?

A. Moderna did not get an extension for any vaccine that expired in September. Therefore, any vaccine that expired or will expire after October may be one of the lots given extension. Not all lots will be approved.

See this email for more clarity:

<https://mailchi.mp/59e57f426340/importantthird-dose-news-covid-19-vaccine-resources-cvms-training-schedule-584942?e=cd2dca2f00>

Q. So, should the CCTO texts only be used for the 14 day quarantine option? Can we use it for the shortened 10 day quarantine option?

A. These texts now cover all quarantine options so can be used for everyone.

Q. Will CCNC be providing summary reports using the CI/CT dashboards by county (if requested)?

A. We are still making plans for this. Happy to have your feedback on what would be most helpful!

Q. Has there been any updated guidance for LTCF for the holidays?

A. Not yet. We continue to align with the CMS/CDC guidance.

Q. How long will the 15 minute monitoring continue after vaccination?

A. Likely indefinitely. Many if not most vaccines and injections recommend a 15 minute monitoring period.

Q. What is the anticipated timeframe for the masking guidance for colleges coming from the state?

A. We anticipate that colleges and universities will be included in the next round of guidance for the public and for employers, local governments, etc. We do not have a specific timeframe for that update but likely within the next few weeks assuming transmission levels continue to decline.

Q. How many counties are still using the standard 14 day quarantine versus alternative 7/10 day options?

A. DHHS does not have data on this.

Q. What is the risk of developing positive or severe covid-19 in the vaccinated versus those with previous infection? Can you direct us to any updated evidence regarding antibody testing and evidence (or lack of) for functional immunity?

A. DHHS historic reinfection data is located [here](#). We are considering options for tracking attack rates and mortality in unvaccinated people with previous infections, but there are challenges with doing that. Data



continue to evolve regarding the strength and duration of protection following infection. CDC has indicated that they are developing a science brief to summarize information on this topic but the timeframe is unclear.

Q. CDC has not updated their guidance for serving of food during gatherings since May. Cannot find NC DHHS guidance on this. Should employers still have policies against holiday parties and the serving of food? We are getting questions regarding still requiring pre-packaged foods versus pizza delivery, pot lucks, etc.

A. Updated holiday guidance. <https://covid19.ncdhhs.gov/media/3492/download?attachment>

Focuses on keeping gatherings small, outside if possible, encourage vaccination, etc. Does not address food as that has been found to not be a significant source of transmission.

Q. Will you please address the July & Aug Governor's Executive Orders mentioning the State HD's flexibility to issue a standing order for COVID testing. Is this implied that patients may present for testing without being seen by a provider? If so, who follow-ups with these results? Is the facility required to follow-up on these or LHD if positive? Have not had an issue until now, but had incident where patients showed up at outpatient testing facility and also ED but did not want to be seen - just tested. They did not go & also did not want to go to an alternative drive thru testing site, citing the standing order that they did not have to.

A. The standing order does not override policies of health care organizations. Those organizations can and will likely still require a visit with a clinician. The standing order was intended to increase access to testing if people present to a non-health setting without an ordering provider. The agency doing the testing is responsible for giving results and reporting those to the LHD